

**DO NOT FAX**

Vermont Emergency Medical Services  
108 Cherry St, P.O. Box 70  
Burlington, VT 05402  
(802) 863-7310 or 1-800-244-0911

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## EMS Course Approval Form

Course: ☐ EMT-Basic ☐ ECA to EMT-B Bridge ☐ EMT-B Refresher ☐ EMT-I-90 ☐ EMT-I-03

<u>Course Coordinator</u> Nme _____ EMT # _____ Address _____ City/State _____ ZIP _____ Phone (W) _____ (H) _____	<u>Course Medical Director</u> Name _____ Address _____ City/State _____ ZIP _____ Phone (W) _____ (H) _____
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Clinical Affiliations      **Complete reverse side of this application**

Course Logistics      **Enclose copy of schedule**      EMS District: \_\_\_\_\_

Location: Building and room \_\_\_\_\_ Town \_\_\_\_\_

Start Date \_\_\_\_\_ Desired Exam Date \_\_\_\_\_ (Submit separate exam request form)

Estimated # students \_\_\_\_\_ Student Fee \_\_\_\_\_ Does the fee include the cost of the text?    Yes    No

Textbook (Title, edition, author) \_\_\_\_\_

Prerequisites: \_\_\_\_\_

Attendance Requirement ☐ 90% ☐ More than 90% (specify) \_\_\_\_\_

Make-up policies \_\_\_\_\_

### Local Approval

I agree to conduct this course in accordance with the laws, rules and policies of the Vermont Department of Health. Alteration of this document does not relieve me of any duty described in the Department-approved version of this form.

Signature Course Coordinator \_\_\_\_\_ Date \_\_\_\_\_

The board of directors for this district has approved this course.

Signature District Chair \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** This completed form must be received in the EMS office **TWO WEEKS** before the course is scheduled to start.

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### BELOW IS FOR OFFICE USE ONLY

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Date received \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

VT EMS Signature \_\_\_\_\_ Course # \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Vermont Department of Health  
Emergency Medical Services

**Clinical Affiliations**

The national standard curricula for both the EMT-Basic and EMT-Intermediate require that students gain some of their education in a clinical setting. Course coordinators are encouraged to go beyond the minimum standards and set higher goals that remain reasonable and that will help their students become better providers. Use the space below to describe how your course meets or exceeds these requirements.

**EMT-Basic**

Minimum Standard: Each student must have the opportunity to demonstrate competence in assessing at least five patients

Goal: This demonstration should preferably take place in a field environment

Means of achieving standard: **(complete both columns)**

*For students affiliated with EMS agencies*

☐ Student's own ambulance or first responder service

☐ Other: \_\_\_\_\_

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*For students not affiliated with EMS agencies*

☐ Not applicable (all students have affiliation)

If any box is checked below, submit on separate sheet of paper a description of how students will have the opportunity to assess at least five patients.

Include a list of participating agencies.

☐ Ambulance or first responder services

☐ Hospitals

☐ Clinics/Physician offices

☐ Programmed patients

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**EMT-Intermediate-90 (see separate form for EMT-I-03)**

Minimum Standard: Each student must have the opportunity to observe at least twenty hours of patient management in a clinical setting.

Goal: Students should have the opportunity to participate in patient assessment, including history gathering, physical examination and vital signs, and patient care, including intravenous therapy and if possible subcutaneous injections and intravenous push injections.

Means of achieving standard:

☐ Hospital Emergency Departments

Participating hospitals: \_\_\_\_\_

☐ Hospital IV Team

Participating hospitals: \_\_\_\_\_

☐ Other: \_\_\_\_\_

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